

CLAIMS ONLY						Application Number 09/870,527	Filing Date			
						Applicant(s)				
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17	/						67			
18		/					68			
19		/					69			
20		/					70			
21		/					71			
22		/					72			
23		/					73			
24		/					74			
25		/					75			
26		/					76			
27		/					77			
28		/					78			
29		/					79			
30		/					80			
31		/					81			
32		/					82			
33		/					83			
34		/					84			
35		/					85			
36		/					86			
37		/					87			
38		/					88			
39		/					89			
40	X						90			
41							91			
42		/					92			
43							93			
44	X						94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	1						Total Indep			
Total Depend	28						Total Depend			
Total Claims	24						Total Claims			